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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|--|---|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Simone First name A Middle name Gardiner-Smith Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | _ |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1911 | | |

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Case number (if known)

Debtor 1 Simone A Gardiner-Smith

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 1502 W. Jonquil Terrace Unit 1 Chicago, IL 60626 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Why you are choosing Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Simone A Gardiner-Smith

Case number (if known)

| Check one, (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filling for Bankruptcy Bankruptcy Code you are choosing to file under Chapter 17 | ar | Tell the Court About | our B | ankruptcy Ca | ise | | | | |
|--|------------|---|-------|----------------------------------|--|--|---|---------|--|
| Chapter 11 Chapter 12 Chapter 13 Will pay the fee | 7. | Bankruptcy Code you are | | | | | | | |
| Chapter 12 Chapter 13 | | choosing to file under | ■ C | hapter 7 | | | | | |
| Chapter 13 Will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more detail about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or more order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Difcial Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may but is not required to, waive your fee, and may do so only if your income is less than 150% of the official povery line if applies to your family size and you are unable to pay the fee in installments. If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. No. Yes. | | | □ с | hapter 11 | | | | | |
| I will pay the fee | | | □ с | hapter 12 | | | | | |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mone order. If your attorney may pay with a credit card or check will a pre-printed address. Ineed to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). Irequest that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may but is not required to, waive your fee, and may do so only if your income is less than 150% of the Official power line in the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. No. | | | □ с | hapter 13 | | | | | |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mone order. If your attorney may pay with a credit card or check will a pre-printed address. Ineed to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). Irequest that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may but is not required to, waive your fee, and may do so only if your income is less than 150% of the Official power line in the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. No. | | | | | | | | | |
| The Filing Fee in Installments (Official Form 103A). | 3. | How you will pay the fee | | about how your order. If your | ou may pay. Typ attorney is subr | ically, if you are paying the fee yo | urself, you may pay with cash, cashier's check, or n | noney | |
| but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line of applies to your family size and you are unable to pay the fee in installments.) If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. No. No. Yes. District When Case number No See see spending or being filed by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Debtor District When Case number, if known Debtor District When Case number, if known | | | | | | | n, sign and attach the Application for Individuals to | Pay | |
| Have you filed for bankruptcy within the last 8 years? | | | | but is not req applies to you | uired to, waive y ur family size an | your fee, and may do so only if you nd you are unable to pay the fee in | ur income is less than 150% of the official poverty linestallments). If you choose this option, you must fi | ne that | |
| District | | Have you filed for | | | | | | | |
| District When Case number District When Case number District When Case number | <i>,</i> . | bankruptcy within the | _ ` | | | | | | |
| District When Case number District When Case number | | last 8 years? | ∐ Ye | | | 14// | | | |
| District When Case number No | | | | | | | | | |
| No Yes. Yes. No Yes. Yes. No Yes. Yes. No Yes. Yes. Yes. Yes. Yes. Yes. No Yes. Y | | | | | | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | | | | DISTRICT | | when | Case number | | |
| filed by a spouse who is not filling this case with you, or by a business partner, or by an affiliate? Debtor District Debtor Debtor District Debtor Debtor District Debtor Debtor Debtor District Debtor De | 10. | | ■ No |) | | | | | |
| Debtor | | filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Ye | es. | | | | | |
| District | | aπiliate? | | Debtor | | | Relationship to you | | |
| Debtor | | | | | | When | | - | |
| I1. Do you rent your residence? □ No. Go to line 12. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? □ No. Go to line 12. □ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this | | | | | | | | | |
| residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this | | | | District | | When | Case number, if known | | |
| residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this | | | | | | | | | |
| ■ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ■ No. Go to line 12. □ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this | 11. | | □No | o. Go to I | ine 12. | | | | |
| Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this | | residence? | ■ Ye | es. Has yo | our landlord obta | ained an eviction judgment against | you and do you want to stay in your residence? | | |
| _ | | | | | No. Go to line | 12. | | | |
| | | | | | | | ludgment Against You (Form 101A) and file it with th | nis | |

Debtor 1 Simone A Gardiner-Smith Document Page 4 of 56 Case number (if known)

| Part | Report About Any Bu | sinesses | You Owr | n as a Sole Propriete | or | | |
|--|---|------------------------|--|------------------------|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | e and location of busi | ness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | e & ZIP Code | | | |
| | it to this petition. | | Chec | | to describe your business: | | |
| | | | | Health Care Busine | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline: operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am i | not filing under Chapt | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code. | | | | |
| Yes. I am filing under Chapter 11 and I am a small | | | | | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Pari | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs | | If immed | diate attention is | | | |
| | immediate attention? | | needed. | why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | | | |
| | • | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Simone A Gardiner-Smith

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Simone A Gardiner-Smith

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Case number (if known)

| Part | 6: Answer These Questi | ons for Re | eporting Purposes | | | | | |
|--|--|--|--|---|---|--|--|--|
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | | isiness debts? Business debts are debts stment or through the operation of the bus | | | | |
| | | | □ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you or | we that are not consumer debts or busines | ss debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses are paid that funds will | | No | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do you estimate that you | 1 -49 | | ☐ 1,000-5,000 ☐ 5004 40 000 | ☐ 25,001-50,000 ☐ 50,004,400,000 | | | |
| | owe? | ☐ 50-99 ☐ 100-19 | aa | ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 | | | |
| | | 200-99 | | ., | | | | |
| 19. | How much do you | \$0 - \$ | 50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$9 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion | | | | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have ex | amined this petition, and I dec | lare under penalty of perjury that the inforr | mation provided is true and correct. | | | |
| | | | | , I am aware that I may proceed, if eligible, elief available under each chapter, and I ch | | | | |
| If no attorney represents me and I did not pay or agree to pay someone who is not an document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | ot an attorney to help me fill out this | | | |
| | | I request | relief in accordance with the c | hapter of title 11, United States Code, spe | cified in this petition. | | | |
| | | | cy case can result in fines up to | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | | ne A Gardiner-Smith A Gardiner-Smith | Signature of Debto | | | | |
| | | | e of Debtor 1 | Signature of Debto | n | | | |
| | | Executed | on October 20, 2017 MM / DD / YYYY | Executed on | 1/DD/YYYY | | | |

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Debtor 1 Simone A Gardiner-Smith

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jason Blust, Law Office of Jason Blust | Date | October 20, 2017 |
|--|---------------|------------------|
| Signature of Attorney for Debtor | _ | MM / DD / YYYY |
| Jason Blust, Law Office of Jason Blust | | |
| Printed name | | |
| Law Office of Jason Blust | | |
| Firm name | | |
| 211 W Wacker Drive | | |
| Ste. 300 | | |
| Chicago, IL 60606 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 273-5001 | Email address | |
| #6276382 | | |
| Bar number & State | | |

| | | 1700.111116 | HI PAUE O UL SU | |
|---------------------|--------------------------|-------------------|-----------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Simone A Gardine | er-Smith | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | amended fili |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as | ssets of what you own |
|-----|--|-------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 16,357.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 16,357.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 18,103.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 36,578.00 |
| | Your total liabilities | \$ | 54,681.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,045.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,035.00 |
| Pai | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known) Debtor 1 Simone A Gardiner-Smith

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,537.11

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tot | tal claim |
|--|-----|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 23,248.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 23,248.00 |

| | | | Document | Page 10 of 56 | | |
|-----------------------------------|----------------------------------|---|---|---------------------------------|--------------------------------|---|
| Fill in tl | his inforn | nation to identify your | case and this filing: | | | |
| Debtor ' | 1 | Simone A Gardine | er-Smith | | | |
| DCDIO | • | First Name | Middle Name | Last Name | | |
| Debtor 2 | 2 | | | | | |
| (Spouse, i | f filing) | First Name | Middle Name | Last Name | | |
| l Initad 9 | States Rai | nkruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Office C | States Dai | inclupicy Court for the. | NORTHERN BIOTRIOT OF IEE | | | |
| Case nu | umber | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| ~ | | 4004/5 | | | | |
| Offici | <u>ıal Fo</u> | rm 106A/B | | | | |
| Sch | edul | e A/B: Prop | ertv | | | 12/15 |
| | | | pe items. List an asset only once. If | f an accat fite in more than c | and category list the asset in | |
| hink it fit nformati | ts best. Be | e as complete and accura e space is needed, attach | ate as possible. If two married peop a a separate sheet to this form. On t | ole are filing together, both a | are equally responsible for s | upplying correct |
| Part 1: | Describe | Each Residence, Building | g, Land, or Other Real Estate You C | wn or Have an Interest In | | |
| . Do you | u own or h | ave any legal or equitabl | e interest in any residence, buildin | g, land, or similar property? | | |
| _ | | , , , | ,,,,,,, | 5 , , , . , . , . , | | |
| No. | Go to Part | 2. | | | | |
| ☐ Yes | s. Where is | s the property? | | | | |
| | | | | | | |
| Part 2: | Describe ` | Your Vehicles | | | | |
| B. Cars, □ No ■ Ye | | ucks, tractors, sport u | tility vehicles, motorcycles | | | |
| | | | | | Do not doduct occured a | alaima ar ayamatiana Dut |
| 3.1 N | /lake: _ | Jeep | Who has an interest in t | :he property? Check one | | claims or exemptions. Put red claims on Schedule D: |
| N | /lodel: F | Patriot | ■ Debtor 1 only | | | aims Secured by Property. |
| Y | ear: 2 | 2015 | ☐ Debtor 2 only | | Current value of the | Current value of the |
| A | Approximate | e mileage: | Debtor 1 and Debtor 2 | ? only | entire property? | portion you own? |
| | Other inform | nation: | At least one of the del | otors and another | | |
| | | | Check if this is communication (see instructions) | nunity property | \$14,500.00 | \$14,500.00 |
| Exam _i No Ye Add page | ples: Boat s the dolla es you ha | r value of the portion ve attached for Part 2 | | from Part 2, including an | accessories by entries for | \$14,500.00 |
| Do you | own or h | nave any legal or equit | able interest in any of the follo | wing items? | | Current value of the |
| | | | | | | portion you own? Do not deduct secured claims or exemptions. |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 Simone A Gardiner-Smith Yes. Describe..... \$800.00 Miscellaneous used household goods 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$450.00 tablet, TV 8. Collectibles of value Examples: Antiques and figurines: paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Personal Used Clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$100.00 Miscellaneous costume jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,850.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Case 17-31424

Doc 1

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Desc Main

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Case number (if known) Document Simone A Gardiner-Smith Debtor 1 claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... 17.1. Checking account with Bank of America \$7.00 17.2 Savings account with Bank of America \$0.00 Savings account with Bank of America \$0.00 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

| | | Case 17-32 | 1424 | Doc 1 | Filed 10/20/17 Document | Page 13 of 56 | Desc Main |
|-----|------------------------|---|-------------|----------------|---|---|---|
| De | ebtor 1 | Simone A Gard | diner-Sn | nith | | Case number (if known) | |
| | ☐ Yes. | Give specific infor | mation a | bout them | | | |
| | Exam _l ■ No | ples: Internet doma | in names | s, websites, p | ets, and other intellecture or occeeds from royalties a | ual property and licensing agreements | |
| | | Give specific infor | | | | | |
| | Exam _l ■ No | ses, franchises, an ples: Building permi | its, exclu | sive licenses | | n holdings, liquor licenses, professional licens | es |
| М | onev or | property owed to | vou? | | | | Current value of the |
| | oney or | property emed to | you. | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | funds owed to you | u | | | | |
| | ■ No □ Yes. | Give specific inform | mation at | oout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| 29. | | / support <i>ples:</i> Past due or lu | mp sum | alimony, spo | usal support, child supp | ort, maintenance, divorce settlement, property | settlement |
| | ☐ Yes. | Give specific inform | mation | | | | |
| 30. | | | s, disabili | ty insurance | payments, disability ben someone else | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | ■ No | Cive enecific infor | matian | | | | |
| | | Give specific infor | | | | | |
| | Exam | sts in insurance po ples: Health, disabil | | e insurance; ł | health savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| | ■ No | Name the insurance | e comps | any of each n | olicy and list its value. | | |
| | ш 163. | Name the instranc | | pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| 32. | If you somed | | | | n someone who has die ct proceeds from a life in | ed surance policy, or are currently entitled to reco | eive property because |
| | ■ No □ Yes. | Give specific infor | mation | | | | |
| 33. | _Exam _l | | | | you have filed a lawsu surance claims, or rights | it or made a demand for payment s to sue | |
| | ■ No □ Yes. | Describe each cla | im | | | | |
| 34. | _ | contingent and un | liquidat | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| | ■ No □ Yes. | Describe each cla | im | | | | |
| 35. | Any fir | nancial assets you | ı did not | already list | | | |
| | ■ No □ Yes. | Give specific infor | mation | | | | |
| 36 | | the dollar value of | | | rom Part 4, including a | ny entries for pages you have attached | \$7.00 |

| | | Case 17-31424 | Doc 1 | Filed 10/20/17 Document | Entered 10 Page 14 of | 0/20/17 10:33:41 56 | Desc Main | |
|----------------|-------------|--|-----------------|----------------------------|--------------------------|---------------------------|-----------|-----------|
| Debte | or 1 | Simone A Gardiner-Sn | nith | | | Case number (if known) | | |
| Part 5 | Des | scribe Any Business-Related | Property You | Own or Have an Interest | In. List any real esta | ite in Part 1. | | |
| 37. D o | o vou o | own or have any legal or equi | itable interest | in any business-related p | roperty? | | | |
| | - | to Part 6. | | , | . , | | | |
| _ | | So to line 38. | | | | | | |
| | | | | | | | | |
| Part 6 | | scribe Any Farm- and Comme ou own or have an interest in fa | | | n or Have an Interes | st In. | | |
| 46. D | o you | own or have any legal or | equitable ir | nterest in any farm- or | commercial fishin | g-related property? | | |
| I | No. | Go to Part 7. | • | • | | | | |
| | ☐ Yes. | Go to line 47. | | | | | | |
| | | | | | | | | |
| Part 7 | 7: | Describe All Property You | Own or Have a | an Interest in That You Di | d Not List Above | | | |
| E | Examp No | have other property of a bles: Season tickets, country Give specific information | y club memb | | | | | |
| 54. | Add t | he dollar value of all of yo | our entries fi | om Part 7. Write that r | number here | | | \$0.00 |
| Part 8 | 3: | List the Totals of Each Part | of this Form | | | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | | | | \$0.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | | | \$14,500.00 | | | |
| 57. | Part 3 | : Total personal and hou | sehold items | s, line 15 | \$1,850.00 | | | |
| 58. | Part 4 | : Total financial assets, li | ine 36 | | \$7.00 | | | |
| 59. | Part 5 | i: Total business-related រ | property, lin | e 45 | \$0.00 | | | |
| 60. | Part 6 | 6: Total farm- and fishing- | related prop | erty, line 52 | \$0.00 | | | |
| 61. | Part 7 | : Total other property not | t listed, line | 54 + | \$0.00 | | | |
| 62. | Total | personal property. Add lir | nes 56 throug | gh 61 | \$16,357.00 | Copy personal property to | otal \$ | 16,357.00 |
| 63. | Total | of all property on Schedu | ıle A/B. Add | line 55 + line 62 | | | \$16,3 | 357.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | I A A A HIII. | | |
|---|--------------------------|-------------------|-------------|--------------------------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Simone A Gardine | r-Smith | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
| | Copy the value from Schedule A/B | Chec | ck only one box for each exemption. | |
| 2015 Jeep Patriot Line from Schedule A/B: 3.1 | \$14,500.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Ellie Holli Golloddie 172. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous used household goods Line from Schedule A/B: 6.1 | \$800.00 | | \$800.00 | 735 ILCS 5/12-1001(b) |
| Line Holli Golleddie AVD. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | |
| tablet, TV Line from <i>Schedule A/B</i> : 7.1 | \$450.00 | | \$450.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Geriedale 742. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Personal Used Clothing | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| Line non schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous costume jewelry | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Line Holl Golledale Arb. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 17-31424 Doc 1 Filed 10/20/17 Entered 10/20/17 10:33:41 Desc Main Document Page 16 of 56 Debtor 1 Simone A Gardiner-Smith Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking account with Bank of America 735 ILCS 5/12-1001(b) \$7.00 \$7.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit es filed on or after the date of adjustment.)

| э. | Are you claiming a nomestead exemption of more than \$160,375 |
|----|---|
| | (Subject to adjustment on 4/01/19 and every 3 years after that for case |

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

 - Yes

| Cas | e 17-31424 | Doc 1 Filed 10/20/17 Document | Page 17 | d 10/20/17 10:3 of 56 | 33:41 Desc N | nam . |
|--|---|---|---|---|--|--------------------------|
| Fill in this informa | ation to identify yo | | 1 11111. 17 | (71 -)(7 | | |
| Debtor 1 | Simone A Gardi | ner-Smith | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| , , | | | | | | |
| United States Bank | cruptcy Court for the | : NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | _ | if this is an |
| | | | | | ameno | ded filing |
| Official Form | 106D | | | | | |
| | | s Who Have Claims | Sacurac | hy Droporty | | 40/45 |
| Scriedule L | . Creditors | WIID Have Claims | <u>Secured</u> | by Property | <u>/</u> | 12/15 |
| | | If two married people are filing togethout, number the entries, and attach it | | | | |
| . Do any creditors h | ave claims secured b | y your property? | | | | |
| ☐ No. Check t | his box and submit | this form to the court with your other | schedules. Yo | ou have nothing else to | report on this form. | |
| Yes. Fill in a | all of the information | below. | | | | |
| Part 1: List All | Secured Claims | | | | | |
| | | more than one secured claim, list the cre- | ditor separately | Column A | Column B | Column C |
| for each claim. If mor | e than one creditor ha | s a particular claim, list the other creditors itical order according to the creditor's name | s in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Chase Auto | Finance | Describe the property that secures t | the claim: | \$18,103.00 | \$14,500.00 | \$3,603.00 |
| Creditor's Name | | 2015 Jeep Patriot | | | | |
| | nkruptcy Dept | | | | | |
| 201 N Centr Az1-1191 | al Ave Ms | As of the date you file, the claim is: | Ob 1: - 11 41 4 | | | |
| AZ 1-1131 | | | Check all that | | | |
| Phoenix, AZ | 85004 | apply. | Check all that | | | |
| Phoenix, AZ | | Contingent | Check all that | | | |
| | Z 85004 City, State & Zip Code | ☐ Contingent☐ Unliquidated | Check all that | | | |
| | city, State & Zip Code | Contingent | Check all that | | | |
| Number, Street, C | city, State & Zip Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | | ured | | |
| Number, Street, C | city, State & Zip Code | Contingent Unliquidated Disputed Nature of lien. Check all that apply. | | ured | | |
| Number, Street, C | tity, State & Zip Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as reference) | mortgage or sec | ured | | |
| Number, Street, C Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Deb | tity, State & Zip Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, med | mortgage or sec | ured | | |
| Number, Street, C Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Deb | t? Check one. tor 2 only debtors and another m relates to a | ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as rear loan) ☐ Statutory lien (such as tax lien, med | mortgage or sec chanic's lien) | ured loney Security | | |
| Number, Street, C Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the Check if this clai | t? Check one. tor 2 only debtors and another m relates to a | □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as rear loan) □ Statutory lien (such as tax lien, med | mortgage or sec chanic's lien) | | | |
| Number, Street, C Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the Check if this clai | t? Check one. tor 2 only debtors and another m relates to a | □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as rear loan) □ Statutory lien (such as tax lien, med | mortgage or sec chanic's lien) | | | |
| Number, Street, C Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the Check if this clai | tor 2 only debtors and another m relates to a Opened 11/15 Last Active | □ Contingent □ Unliquidated □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as rear loan) □ Statutory lien (such as tax lien, med | mortgage or sec chanic's lien) Purchase M | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$18,103.00 If this is the last page of your form, add the dollar value totals from all pages. \$18,103.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Ouc | 00 17 01-72-7 2 | Document | Page 1 | 8 of 56 | JCSO Main |
|---|---|--|---|-------------------------------------|---|---|
| Fill in | this inform | ation to identify your | case: | | | |
| Debtor | · 1 | Simone A Gardine | r-Smith | | | |
| | | First Name | Middle Name | Last Name | | |
| Debtor (Spouse | | First Name | Middle Name | Last Name | | |
| | | lementary Court for the | NORTHERN DISTRICT OF | II I INIOIS | | |
| United | States Ban | kruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | |
| | number | | | | _ | - 0 |
| (if known |) | | | | | Check if this is an amended filing |
| | | | | | | amenaca ming |
| Offici | al Form | 106E/F | | | | |
| Sche | dule E/ | F: Creditors W | ho Have Unsecure | d Claims | | 12/15 |
| Schedul Schedul left. Atta name ar | le G: Executorile D: Creditorich the Continud case number | ory Contracts and Unexp rs Who Have Claims Sec nuation Page to this pag ber (if known). | ired Leases (Official Form 106G) ured by Property. If more space i e. If you have no information to i | . Do not include is needed, copy | contracts on Schedule A/B: Property (C any creditors with partially secured cla the Part you need, fill it out, number th do not file that Part. On the top of any | aims that are listed in e entries in the boxes on the |
| Part 1: | | of Your PRIORITY Un | | | | |
| _ | - | s have priority unsecure | d claims against you? | | | |
| | No. Go to Pa | rt 2. | | | | |
| Part 2: | Yes. | of Your NONPRIORIT | V Uneacured Claims | | | |
| | | | ured claims against you? | | | |
| _ | • | | _ , | al | | |
| | | e nothing to report in this pa | art. Submit this form to the court wi | th your other sche | edules. | |
| | Yes. | | | | | |
| uns | secured claim n one credito | , list the creditor separately | for each claim. For each claim list | ed, identify what t | b holds each claim. If a creditor has mor type of claim it is. Do not list claims alread three nonpriority unsecured claims fill ou | ly included in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | | stems Co | Last 4 digits of a | ccount number | 6194 | \$0.00 |
| | Nonpriority 1700 Kie | Creditor's Name | | | Opened 05/12 Last Active | |
| | Ste 1 | iei Di | When was the de | ebt incurred? | 4/28/17 | |
| | Zion, IL 6 | | | | | |
| | | eet City State Zlp Code red the debt? Check one. | As of the date yo | u file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 | | ☐ Contingent | | | |
| | Debtor 2 | • | ☐ Unliquidated | | | |
| | | and Debtor 2 only | ☐ Disputed | | | |
| | | one of the debtors and and | _ ' | ORITY unsecured | d claim: | |
| | | f this claim is for a comr | Па | | | |
| | debt | | ☐ Obligations ari | | ration agreement or divorce that you did | not |
| | | subject to offset? | report as priority c | | | |
| | ■ No | | <u> </u> | | g plans, and other similar debts | |
| | ☐ Yes | | Other. Specify | Collection A | ttorney College Of Lake County | |

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Case number (if know) Debtor 1 Simone A Gardiner-Smith 4.2 \$0.00 Armor Systems Co Last 4 digits of account number 2123 Nonpriority Creditor's Name 1700 Kiefer Dr Opened 10/12 Last Active Ste 1 When was the debt incurred? 4/28/17 Zion, IL 60099 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney College Of Lake County ☐ Yes 4.3 Bank Of America Last 4 digits of account number 6249 \$367.00 Nonpriority Creditor's Name Nc4-105-03-14 Opened 06/16 Last Active Po Box 26012 When was the debt incurred? 8/12/17 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Credit Line Secured Other. Specify 4.4 \$1,000.00 Big Picture Loans Last 4 digits of account number Nonpriority Creditor's Name Customer Support When was the debt incurred? **POB 704** Watersmeet, MI 49969 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify loan

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Case number (if know)

| Debtor | 1 Simone A Gardiner-Smith | | Case number (if know) | | | | |
|--------|--|--|--|----------|--|--|--|
| 4.5 | Capital One | Last 4 digits of account number | 3857 | \$811.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 08/15 Last Active 8/25/17 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Credit Card | | | | | |
| 4.6 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 4663 | \$498.00 | | | |
| | Attn: Bankruptcy Po Box 30253 | When was the debt incurred? | Opened 08/15 Last Active 8/25/17 | | | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Credit Card | | | | | |
| 4.7 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7393 | \$415.00 | | | |
| | Po Box 30253 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 08/16 Last Active 5/26/17 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | _ | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | o ciaim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | | | | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | | | |

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| Debioi | Simone A Gardiner-Smith | | Case number (if know) | |
|--------|---|--|---|------------|
| 4.8 | Cardworks/CW Nexus | Last 4 digits of account number | 7711 | \$1,197.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 08/16 Last Active 6/22/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.9 | Credit One Bank Na Nonpriority Creditor's Name | Last 4 digits of account number | 5483 | \$540.00 |
| | Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 12/16 Last Active 6/22/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.1 | Dept Of Ed/582/nelnet | Last 4 digits of account number | 8712 | \$6,734.00 |
| | Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 08/13 Last Active 5/05/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educational | | |

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Case number (if know)

| Debto | r 1 Simone A Gardiner-Smith | —————————————————————————————————————— | Case number (if know) | |
|-------|---|--|--|------------|
| 4.1 | Dept Of Ed/582/neInet Nonpriority Creditor's Name | Last 4 digits of account number | 8612 | \$3,793.00 |
| | Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 08/13 Last Active 5/05/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | cs | Educational | | |
| 4.1 | D + 04 E 1/500/ 1 + 1 | | 2010 | Φο ==0 οο |
| 2 | Dept Of Ed/582/nelnet Nonpriority Creditor's Name | Last 4 digits of account number | 6912 | \$3,579.00 |
| | Attn: Claims/Bankruptcy Po Box 82505 | When was the debt incurred? | Opened 04/14 Last Active 5/05/17 | |
| | Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | ☐ Other. Specify | | |
| | | Educational | | |
| 4.1 | Dept Of Ed/582/nelnet | Look & Police of control of control | 7624 | \$3,008.00 |
| 3 | Nonpriority Creditor's Name Attn: Claims/Bankruptcy | Last 4 digits of account number | Opened 08/10 Last Active | |
| | Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | 5/05/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Спеск ан that арргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ■ Student loans □ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the second s | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

Educational

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| Debt | Simone A Gardiner-Smith | | Case number (if know) | |
|----------|--|--|---|------------|
| 4.1 4 | Dept Of Ed/582/nelnet | Last 4 digits of account number | 6812 | \$2,626.00 |
| | Nonpriority Creditor's Name Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 04/14 Last Active 5/05/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | · · · · · · · · · · · · · · · · · · · | | |
| | | Educational | | |
| 4.1 5 | Dept Of Ed/582/neInet Nonpriority Creditor's Name | Last 4 digits of account number | 7424 | \$2,004.00 |
| | Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 08/10 Last Active 5/05/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another | Student loans | - Julii | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educational | | |
| 4.1 6 | Dept Of Ed/582/neInet Nonpriority Creditor's Name | Last 4 digits of account number | 7524 | \$1,504.00 |
| | Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 08/10 Last Active 5/05/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | a ciaim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and an and affect to the second | |
| | ■ No | ☐ Debts to pension or profit-sharin | y pians, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

Educational

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| or 1 Simone A Gardiner-Smith | —————————————————————————————————————— | Case number (if know) | | | | |
|---|--|---|---------|--|--|--|
| Easypay/dvra Nonpriority Creditor's Name | Last 4 digits of account number | A511 | \$0.0 | | | |
| 2701 Loker Av West Carlsbad, CA 92008 | When was the debt incurred? | Opened 11/22/15 Last Active 2/10/16 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a communit | y Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| Yes | Other. Specify Installment | Sales Contract | | | | |
| Fingerhut | Last 4 digits of account number | 2961 | \$585.0 | | | |
| Nonpriority Creditor's Name | | Opened 12/15 Last Active | | | | |
| 6250 Ridgewood Rd St Cloud, MN 56303 | When was the debt incurred? | 6/16/17 | | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a communit | y Student loans | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| debt Is the claim subject to offset? | | | | | | |
| ■ No | Debts to pension or profit-sharing | | | | | |
| Yes | Other. Specify Charge Acc | ount | | | | |
| First Premier Bank | Last 4 digits of account number | 9108 | \$489.0 | | | |
| Nonpriority Creditor's Name 601 S Minnesota Ave | When was the debt incurred? | Opened 07/16 Last Active 6/17/17 | | | | |
| Sioux Falls, SD 57104 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| Debtor 1 only | Continuent | | | | | |
| Debtor 2 only | | ☐ Contingent | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community | | | | | | |
| debt Is the claim subject to offset? | у | aration agreement or divorce that you did not | | | | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| □ Yes | | | | | | |
| □ 162 | Other. Specify Credit Card | | | | | |

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Case number (if know) Debtor 1 Simone A Gardiner-Smith 4.2 Mid America Bk/total C 1966 \$428.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 04/17 Last Active 5109 S Broadband Lane When was the debt incurred? 6/19/17 Sioux Falls, SD 57109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes 4.2 Mid America Bk/total C 9522 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/09/17 Last Active 5109 S Broadband Lane 7/02/17 When was the debt incurred? Sioux Falls, SD 57109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 Midnight Velvet 329W \$273.00 Last 4 digits of account number Nonpriority Creditor's Name Swiss Colony/Midnight Velvet Opened 11/12/16 Last Active 1112 7th Ave When was the debt incurred? 7/10/17 Monroe, WI 53566 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account

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Debtor 1 Simone A Gardiner-Smith Case number (if know) 4.2 Peoples Gas 2121 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/08/10 Last Active 200 E Randolph When was the debt incurred? 5/18/11 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Agriculture 4.2 PLS Financial Solutions \$819.00 Last 4 digits of account number Nonpriority Creditor's Name 800 Jorie Blvd When was the debt incurred? Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify loan 4.2 2502 \$3,908.00 5 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 4/25/17 Last Active Oi Box 101808 When was the debt incurred? 8/11/17 Fort Worth, TX 76185 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

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| 4.2 6 | Rise Credit | Last 4 digits of account number | \$2,000.00 |
|----------|---|---|------------|
| | Nonpriority Creditor's Name POB 101808 Fort Worth, TX 76185 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | • , , , , , , , , , , , , , , , , , , , | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specify loan | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 23,248.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 13,330.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 36,578.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | 1212111 | | |
|---|-------------------------|-------------------|-------------|-----------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Simone A Gardine | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this |
| | | | | amended filin |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | , | | 21010 | 2.00 | |

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| | | DUGIIIIE | <u> </u> | 1.30 | |
|--------------------------------------|--|---|--|--|--|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Simone A Gardine | er-Smith | | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United Stat | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | , , | | | | |
| Case numb | per | | | | Check if this is an |
| | | | | | amended filing |
| | Form 106H | • | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| Arizona No. Yes. 3. In Coluin line | 2 again as a codebtor only i | Nevada, New Mexico, Pu use, or legal equivalent live cors. Do not include your f that person is a guaran | erto Rico, Texas, Washi e with you at the time? spouse as a codebtor tor or cosigner. Make s | ngton, and Wisconsin.) if your spouse is filing with | n you. List the person shown editor on Schedule D (Official |
| | 106D), Schedule E/F (Official Ilumn 2. | Form 106E/F), or Sched | ule G (Official Form 10 | 6G). Use Schedule D, Sche | dule E/F, or Schedule G to fill |
| | Column 1: Your codebtor lame, Number, Street, City, State and Z | IP Code | | Column 2: The creditor Check all schedules tha | to whom you owe the debt apply: |
| _ | Name | | | _ ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line _ | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line ☐ Schedule G, line _ | |
| 1 | Number Street | | | _ | |
| C | City | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase: | | | | | | | | | |
|----------|--|----------------------------|-----------------|---------------------------|----------|------|---------------------|--------------------|---|----------------|----------|
| Del | otor 1 Simone A Ga | ardiner-Smith | | | | _ | | | | | |
| | otor 2 buse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLIN | IOIS | | _ | | | | | |
| (If kr | se number | | - | | | | ☐ A su | amended uppleme | d filing nt showing as of the follo | | chapter |
| <u>O</u> | fficial Form 106I | | | | | | MM | / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | | 12/15 |
| atta | use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment Fill in your employment | | onal pages | | | | I case num | ber (if k | (nown). Ans | swer every | |
| | information. | | Debtor 1 | | | | _ | _ | or non-filir | ng spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ☐ Emplo ☐ Not en | • | | | |
| | information about additional employers. | Occupation | ☐ Not employed | | | | | - 140 (CH | прюуса | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | HR Perfect E | Brow Art In | c | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | ke Ave 150 e, IL 60091 | | | | | | | |
| | | How long employed t | here? | 2 1/2 year | S | | | _ | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have no | othing to repo | ort for | any | line, write \$ | 0 in the | space. Inclu | ide your nor | n-filing |
| | u or your non-filing spouse have mee space, attach a separate sheet to | | ombine the i | nformation fo | or all e | mplo | oyers for the | at persor | n on the line | es below. If y | you need |
| | | | | | | | For Debto | or 1 | For Debte | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 2,60 | 08.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | | 3. | +\$ | | 0.00 | +\$ | N/A | |

2,608.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1 | Simone A Gardiner-Smith | - | C | ase nun | nber (<i>if kno</i> | own) | | | | |
|-----|----------------|--|------------|----------|----------|----------------------|------|-------------|------------|-------------|-----------------|
| | | | | | | | | | | | |
| | | | | I | For De | btor 1 | | | Debtor | | |
| | Copy | y line 4 here | 4. | - | \$ | 2,608 | .00 | \$ | n-filing s | N/A | |
| _ | | | | | | • | | | | | _ |
| 5. | | all payroll deductions: | _ | | | | | _ | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 521 | | \$_ | | N/A | |
| | 5b. 5c. | Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5b. 5c. | | \$ \$ | | .00 | \$_ \$ | | N/A N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | | .00 | \$ - | | N/A N/A | _ |
| | 5e. | Insurance | 5e. | | \$ | | .00 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | | .00 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | ; | \$ | | .00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h. | + : | \$ | 0 | .00 | + \$ _ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 9 | S | 563 | .00 | \$_ | | N/A | _ |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | S | 2,045 | .00 | \$_ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | - |
| | | monthly net income. | 8a. | ; | \$ | 0 | .00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | , | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | | | | | |
| | | settlement, and property settlement. | 8c. | | \$ | | .00 | \$_ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | \$ | | .00 | \$_ | | N/A | _ |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive | 8e. | • | \$ | U | .00 | \$_ | | N/A | _ |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | ; | \$ | 0 | .00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | , | \$ | 0 | .00 | \$ | | N/A | - |
| | 8h. | Other monthly income. Specify: | 8h | + : | \$ | 0 | .00 | + \$ _ | | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0. | .00 | \$_ | | N/A | A |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. | B | 2.0 | 45.00 | + \$ | | N/A | = \$ | 2,045.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | _ | ,0 | 10.00 | Ľ | | 1477 | | 2,010.00 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not | deper | | | | | • | | e J. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | 12. | \$ | 2,045.00 |
| | | | | | | | | | | Combi | ned y income |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | | | , |
| | | No. | | | | | | | | | |
| | | Yes Explain: | | | | | | | | | |

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| | | | _ | | |
|------------|--|----------------------------|-----------------|---|---|
| Fill | I in this information to identify your case: | | | | |
| Deb | Simone A Gardiner-Smith | | | k if this is: | |
| | btor 2 | | | An amended filing A supplement shov 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF I | ILLINOIS | - | MM / DD / YYYY | |
| | se numberknown) | | | | |
| O | official Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/1 |
| info | e as complete and accurate as possible. If two married peop formation. If more space is needed, attach another sheet to mber (if known). Answer every question. | | | | |
| Par 1. | rt 1: Describe Your Household Is this a joint case? | | | | |
| ١. | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expe</i> | enses for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have dependents? ☐ No | , | | | |
| ۷. | Do not list Debtor 1 and Debtor 2. Yes. Fill out this information each dependent | • | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | Daughter | | 4 | □ No ■ Yes |
| | | | | · | □ No □ Yes □ No |
| | | | | | □ Yes |
| | | | | | □ No |
| • | Barrers and the barrers and the second and the seco | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | |
| Est exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unle penses as of a date after the bankruptcy is filed. If this is a plicable date. | | | | |
| the | clude expenses paid for with non-cash government assistal e value of such assistance and have included it on <i>Schedul</i> fficial Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your resident payments and any rent for the ground or lot. | nce. Include first mortgag | e 4. \$ | | 150.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such a | as home caulty loops | 4d. \$ 5. \$ | - | 0.00 |
| J. | Additional mortgage payments for your residence, SUCN & | as HUHHE EUUHV 108HS | ე. ֆ | | U.UU |

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| Debto | r 1 Simone A Gardiner-Smith | Case num | ber (if known) | |
|--------------|--|------------------|---------------------|---|
| 6. L | Jtilities: | | | |
| - | Sa. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| | bb. Water, sewer, garbage collection | 6b. | | 0.00 |
| | Cc. Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 400.00 |
| | 6d. Other. Specify: | 6d. | · - | 0.00 |
| | Food and housekeeping supplies | 7. | · | 380.00 |
| | Childcare and children's education costs | 8. | \$ | |
| - | | | · | 250.00 |
| | Clothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| | Personal care products and services | 10. | · | 50.00 |
| | Medical and dental expenses | 11. | \$ | 50.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 100.00 |
| | On not include car payments. | | · | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| - | nsurance. | | | |
| | Oo not include insurance deducted from your pay or included in lines 4 or 20. | 150 | ¢ | 0.00 |
| | 5a. Life insurance | 15a. | · | 0.00 |
| | 5b. Health insurance | 15b. | · | 0.00 |
| | 5c. Vehicle insurance | 15c. | | 206.00 |
| | 5d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| _ | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | _ | _ |
| | Specify: | 16. | \$ | 0.00 |
| | nstallment or lease payments: | | | |
| | 7a. Car payments for Vehicle 1 | 17a. | \$ | 399.00 |
| 1 | 7b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 1 | 7c. Other. Specify: | 17c. | \$ | 0.00 |
| 1 | 7d. Other. Specify: | 17d. | \$ | 0.00 |
| 18. Y | our payments of alimony, maintenance, and support that you did not repo | ort as | | |
| d | leducted from your pay on line 5, Schedule I, Your Income (Official Form 1) | | \$ | 0.00 |
| 19. C | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| S | Specify: | 19. | | |
| | Other real property expenses not included in lines 4 or 5 of this form or on | Schedule I: Yo | our Income. | |
| 2 | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| 2 | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| 2 | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 2 | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| | Other: Specify: | | +\$ | 0.00 |
| | | | - Ψ | 0.00 |
| 22. C | Calculate your monthly expenses | | | |
| 2 | 22a. Add lines 4 through 21. | | \$ | 2,035.00 |
| 2 | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | J-2 | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,035.00 |
| | | | | 2,030.00 |
| 23. C | Calculate your monthly net income. | | | |
| 2 | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,045.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,035.00 |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 2 | 23c. Subtract your monthly expenses from your monthly income. | | 1. | |
| _ | The result is your <i>monthly net income</i> . | 23c. | \$ | 10.00 |
| | | | - | |
| | Oo you expect an increase or decrease in your expenses within the year aft | | | |
| | or example, do you expect to finish paying for your car loan within the year or do you expec | ct your mortgage | payment to increase | e or decrease because of a |
| | nodification to the terms of your mortgage? | | | |
| | No. | | | |
| Г | Yes. Explain here: | | | |

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| Fill in this info | rmation to identify your | case: | | | | |
|---------------------------------|---|--------------------------|---------------|--|-----------------|--|
| Debtor 1 | Simone A Gardine | r-Smith | | | | |
| | First Name | Middle Name | La | st Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | La | st Name | | |
| , , , , , | | | | | | |
| United States B | Sankruptcy Court for the: | NORTHERN DISTRIC | TOF ILLINC | 015 | | |
| Case number | | | | | | |
| (if known) | | | | | | Check if this is an amended filing |
| | | | | | | 5 |
| | | | | | | |
| Official For | m 106Dec | | | | | |
| | tion About a | n Individua | I Daht | or's Schad | ulos | 4045 |
| Deciara | tion About 8 | III IIIaiviaua | i Debt | or 3 oction | uics | 12/15 |
| | 18 U.S.C. §§ 152, 1341, 1 gn Below | , | | | | |
| Did you p | ay or agree to pay some | one who is NOT an atto | orney to help | you fill out bankrupt | cy forms? | |
| ■ No | | | | | | |
| □ Yes. | Name of person | | | | Attach Bankr | unter Detition Duomonouis Notice |
| | | | | | | ubtov Petition Preparer's Notice. |
| | | | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | | | | | | |
| | alty of perjury, I declare re true and correct. | that I have read the sui | mmary and | schedules filed with tl | nis declaration | and Signature (Official Form 119) |
| that they a | re true and correct. | | • | schedules filed with th | his declaration | and Signature (Official Form 119) |
| that they a | | | mmary and s | schedules filed with the Signature of Debtor 2 | | and Signature (Official Form 119) |
| that they a X /s/ Sin Simor | re true and correct. none A Gardiner-Smith | | • | | | and Signature (Official Form 119) |

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| | in this inform | estion to identify you | r 00001 | | | | | | |
|--------|-------------------|---|-------------------------------------|--|--|------------------------------------|--|--|--|
| | | ation to identify you | | | | | | | |
| De | btor 1 | Simone A Gardin | er-Smith Middle Name | Last Name | | | | | |
| Del | btor 2 | | | | | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| Uni | ited States Bar | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | |
| Ca | se number | | | | | | | | |
| (if kr | nown) | | | | _ | Check if this is an mended filing | | | |
| | | | | | | menaea ming | | | |
| ∩f | ficial For | m 107 | | | | | | | |
| | | | Affaire for Individ | duals Filing for B | ankruntov | 4/16 | | | |
| | | | | | | | | | |
| | | | | | equally responsible for sup additional pages, write you | | | | |
| nun | nber (if known |). Answer every que | stion. | | | | | | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | ı Lived Before | | | | | |
| 1. | What is your | current marital statu | ıs? | | | | | | |
| | ☐ Married | | | | | | | | |
| | ■ Not mari | ied | | | | | | | |
| _ | | | | | | | | | |
| 2. | During the la | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. List | all of the places you I | ived in the last 3 years. Do n | ot include where you live now | <i>'</i> . | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | |
| 3. | | | | | ity property state or territory | | | | |
| stat | es and territorie | es include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | evada, New Mexico, Puerto Ri | co, Texas, Washington and W | /isconsin.) | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | |
| Pai | rt 2 Explain | n the Sources of You | r Income | | | | | | |
| | | | | | | | | | |
| 4. | Fill in the total | I amount of income yo | u received from all jobs and | ng a business during this ye all businesses, including part- re together, list it only once ur | | ndar years? | | | |
| | □ No | | | | | | | | |
| | | in the details. | | | | | | | |
| | | | Dalifa at | | Dalitan O | | | | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income | | | |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$24,225.03 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

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Case number (if known) Document

Debtor 1 Simone A Gardiner-Smith

| Debtor 1 Sources of income Gross income Check all that apply. Sources of income Check all that apply. Sources of income Check all that apply. Sources of income Check all that apply. Gross income Check all that apply. Check all th | | | | | | | | | | | |
|--|------------|--|---|--|---|---|---|--|--|--|---|
| Check all that apply. | | | | | Debtor 1 | | | Deb | tor 2 | | |
| Clanuary 1 to December 31, 2016 Donuses, tips Donuses, t | | For last calendar year: | | | (befo | ore deductions and | | | | (before deductions | |
| For the calendar year before that: (January 1 to December 31, 2015) Wages, commissions, bonuses, tips Operating a business Operating a business | | | | 31, 2016) | — Wages, commissions, | | | | | | |
| Clanuary 1 to December 31, 2015 Donuses, tips Donuses, t | | | | | ☐ Operating a business | | | | perating a | business | |
| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Sources of income Describe below. Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. No Heither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6.425* or more? No. Go to line 7. List below each creditor to whom you paid a total of \$6.425* or more in one or more payments and the total amount you paid that creditor. Do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 40/1/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you fil | For (Ja | the calen | dar year bef December 3 | ore that: 31, 2015) | | | \$22,566.00 | | 0 / | missions, | |
| Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalities; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Sources of income Describe below. Describe below. Gross income from each source (before deductions and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425" or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425" or more in one or more payments and the total amount you paid that creditor. Do not include payments to an attorney for this bankruptcy case. "Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Pes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments for domestic su | | | | | ☐ Operating a business | | | | perating a | business | |
| Sources of income Describe below. Gross income from each source (before deductions and exclusions) | J. | Include include and other winnings. List each s | come regard public benef If you are fili source and th | less of whethit payments; payments; payments; pay a joint case | er that income is taxable. Expensions; rental income; intereduced and you have income that you | amples rest; div you rece | of other income are a idends; money collectived together, list it | alimony cted fro only on | m lawsuits; ce under De | royalties; and ebtor 1. | ecurity, unemployment d gambling and lottery |
| Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts. No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for | | | | | Debtor 1 | | | Deb | tor 2 | | |
| 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for | | | | | | eacl (befo | n source ore deductions and | | | | (before deductions |
| 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for | Par | t 3: List | t Certain Pa | yments You | Made Before You Filed for | Bankru | ptcy | | | | |
| | 6. | □ No. | Neither Deindividual puring the No. Yes * Subject to During the During the No. | shor 1 nor Dorimarily for a 90 days befor Go to line 7. List below e paid that cre not include po adjustment r Debtor 2 or 90 days befor Go to line 7. List below e include payr | ebtor 2 has primarily consu- personal, family, or householder you filed for bankruptcy, disach creditor to whom you paid ditor. Do not include payments and attorney for the on 4/01/19 and every 3 years both have primarily consure you filed for bankruptcy, disach creditor to whom you painents for domestic support of | umer de ld purpo de ld you p de ld a tota ants for de lhis banks after tourmer de ld you p de ld a tota de ld a tota de ld a tota de ld a tota de ld you p de ld a tota de ld you p de ld a tota de ld you p de ld a tota | ebts. Consumer debose." ay any creditor a total of \$6,425* or more omestic support oblication cases filed or ebts. ay any creditor a total of \$600 or more an | al of \$6 in one gations or afte al of \$6 | .425* or mo or more pay such as che or the date of | re? /ments and the control of adjustment of | he total amount you and alimony. Also, do |
| | | Creditor' | 's Name and | l Address | Dates of payme | ent | | | | Was this p | payment for |

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Case number (if known) Document Debtor 1 Simone A Gardiner-Smith

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
|-----|---|-----------------------------|----------------------|----------------------|-------------------------|--------------------------|--|--|
| | ■ No | | | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 3. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a de | ebt that benefited an | | |
| | ■ No | | | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name | | |
| Par | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | Para | | | | | |
| 1. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case | | |
| 10. | Check all that apply and fill in the details below■ No. Go to line 11.□ Yes. Fill in the information below. | v. | erty repossessed, f | | shed, attached | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property | | |
| | | Explain what happened | I | | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | | luding a bank or fi | nancial institutior | n, set off any a | mounts from your | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount | | |
| 2. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No ☐ Yes | | erty in the possess | ion of an assigne | e for the bene | fit of creditors, a | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 3. | Within 2 years before you filed for bankrup ■ No | tcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person? | ? | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: the g | s you gave ifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |

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Page 38 of 56 Case number (if known) Document Debtor 1 Simone A Gardiner-Smith 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Law Office of Jason Blust 2017 \$800.00 \$310.00 attorney fees 211 W. Wacker \$335.00 filing fee Suite 300 \$155.00 expenses Chicago, IL 60606 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

П Yes. Fill in the details.

Person Who Received Transfer **Address**

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 Simone A Gardiner-Smith

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote | | ny property to a | self-settle | ed trust or similar device | of which you are a |
|-----|--|--|-------------------------|-------------|--|---|
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and | value of the pro | perty tran | sferred | Date Transfer was made |
| Pa | rt 8: List of Certain Financial Accounts, Instr | ruments, Safe Depos | it Boxes, and St | orage Uni | its | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa | other financial accou | ınts; certificates | s of depos | | , |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 years, or other valuables? | ar before you filed fo | r bankruptcy, a | ny safe de | eposit box or other depos | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than you | r home within 1 | year befo | ore you filed for bankrupt | cy? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pa | rt 9: Identify Property You Hold or Control fo | , | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inc | lude any proper | ty you boı | rrowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value |
| Pa | rt 10: Give Details About Environmental Inform | mation | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | |
| | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surfac | e water, ground | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | as defined under any | | law, wheth | her you now own, operat | e, or utilize it or used |

Official Form 107

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Simone A Gardiner-Smith

| 24. | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
|-----|--|---|--|--------------------|--|--|--|--|--|
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it ZIP Code) | | | | | | | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any envir | onmental law? Include settlements a | and orders. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Par | 11: Give Details About Your Business or Con | nnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have any | of the following connections to any | business? | | | | | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity, | either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | No. None of the above applies. Go to Part | 12. | | | | | | | |
| | Yes. Check all that apply above and fill in t | the details below for each business. | | | | | | | |
| | Business Name De Address | escribe the nature of the business | Employer Identification number Do not include Social Security | | | | | | |
| | (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed | | | | | | | | |
| 28. | Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties. | did you give a financial statement to | anyone about your business? Inclu | ıde all financial | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | ate Issued | | | | | | | |
| | | | | | | | | | |

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Debtor 1 Simone A Gardiner-Smith

| Part 12: Sign Below | | |
|--|--|---|
| are true and correct. I understand that making | | eclare under penalty of perjury that the answers taining money or property by fraud in connection s, or both. |
| /s/ Simone A Gardiner-Smith | | |
| Simone A Gardiner-Smith Signature of Debtor 1 | Signature of Debtor 2 | |
| Date October 20, 2017 | Date | |
| ■ No □ Yes | tement of Financial Affairs for Individuals Filing | , , , |
| Did you pay or agree to pay someone who is ■ No | s not an attorney to help you fill out bankruptcy t | forms? |
| ☐ Yes. Name of Person . Attach the Ba | nkruptcy Petition Preparer's Notice, Declaration, an | d Signature (Official Form 119). |

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| Fill in this inform | mation to identify ye | our case: | | |
|---------------------------------|------------------------|--------------------------|--|---|
| Debtor 1 | Simone A Gard | liner-Smith | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for th | a· NORTHERN DIS' | TRICT OF ILLINOIS | |
| Officed States Da | inkruptcy Court for th | e. NORTHLANDIS | TRICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| | | | | amended ming |
| | | | | |
| Official Fo | rm 108 | | | |
| Statemer | nt of Intent | ion for Indiv | iduals Filing Under Cl | napter 7 12/15 |
| <u> </u> | 10 01 1110111 | <u> </u> | | |
| If you are an indi | ividual filing under | chapter 7, you must fil | I out this form if: | |
| creditors have | e claims secured by | your property, or | | |
| you have leas | ed personal prope | ty and the lease has n | ot expired. | |
| You must file thi | s form with the cou | rt within 30 days after | you file your bankruptcy petition or by th | |
| whiche on the | • | s the court extends th | e time for cause. You must also send cop | ies to the creditors and lessors you list |
| on the | IOIIII | | | |
| | | ther in a joint case, bo | th are equally responsible for supplying o | correct information. Both debtors must |
| sign ar | nd date the form. | | | |
| | | | s needed, attach a separate sheet to this f | orm. On the top of any additional pages, |
| write y | our name and case | number (if known). | | |
| Part 1: List Yo | our Creditors Who | Have Secured Claims | | |
| | di - (l'- (- d - l | David A. of Oak a duka D | One disease With a Harry Ole in a Comment to | Description (Official Forms 400D). Cities the |
| 1. For any credit | • | n Part 1 of Schedule D | : Creditors Who Have Claims Secured by | Property (Official Form 106D), fill in the |
| | editor and the prope | ty that is collateral | What do you intend to do with the prop | |
| | | | secures a debt? | as exempt on Schedule C? |
| | | | | |
| Creditor's C | hase Auto Financ | e | ☐ Surrender the property. | □No |
| name: | | | Retain the property and redeem it. | |
| | 00451 5.4 | | Retain the property and enter into a | ■ Yes |
| | 2015 Jeep Patri | ot | Reaffirmation Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | | | |
| Part 2: List Yo | our Unexpired Pers | onal Property Leases | | |
| For any unexpire | ed personal propert | y lease that you listed | in Schedule G: Executory Contracts and | Unexpired Leases (Official Form 106G), fill |
| | | | | effect; the lease period has not yet ended. |
| You may assume | e an unexpired pers | onal property lease if | the trustee does not assume it. 11 U.S.C. | § 365(p)(2). |
| Describe your u | inexpired personal | property leases | | Will the lease be assumed? |
| | | | | |
| Lessor's name: | | | | □ No |
| Description of lea Property: | ased | | | ☐ Yes |
| · - r - 2 · · y · | | | | ⊔ res |
| Lessor's name: | | | | □ No |
| Description of lea | ased | | | |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Losson s name. | | | | □ No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Deb | otor 1 | Simone A Gardiner-Smith | Case number (if known | · |
|--------------------------------------|----------------------|--|---|-------------------------------|
| | • | of leased | | |
| Pro | perty: | | | ☐ Yes |
| Des | | ame: of leased | | □ No |
| Pro | perty: | | | ☐ Yes |
| | sor's na cription | ame: of leased | | □ No |
| Pro | perty: | | | ☐ Yes |
| Lessor's name: Description of leased | | | | □ No |
| Pro | perty: | | | ☐ Yes |
| | sor's na | ame: of leased | | □ No |
| | perty: | | | ☐ Yes |
| Par | t 3: | Sign Below | | |
| | | alty of perjury, I declare that I have indic at is subject to an unexpired lease. | ated my intention about any property of my estate that so | cures a debt and any personal |
| Χ | /s/ Si | mone A Gardiner-Smith | x | |
| | | ne A Gardiner-Smith ture of Debtor 1 | Signature of Debtor 2 | |
| | Date | October 20, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-31424 Doc 1 Filed 10/20/17 Entered 10/20/17 10:33:41 Desc Main Document Page 48 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e | Simone A Gar | diner- | Smith | | Case No. | | |
|------|--|--|--|---|---|--|------------------------|-----------------|
| | _ | | | | Debtor(s) | Chapter | 7 | |
| | | DIS | CLO | OSURE OF COMPE | NSATION OF ATTOR | NEY FOR DI | EBTOR(S) | |
| 1. | com | pensation paid to | o me v | vithin one year before the filing | 5(b), I certify that I am the attorney ng of the petition in bankruptcy, or of or in connection with the bankr | agreed to be paid | to me, for services r | |
| | | For legal service | es, I h | ave agreed to accept | | \$ | 310.00 | |
| | | | | | | | 310.00 | |
| | | Balance Due | | | | \$ | 0.00 | |
| 2. | The | source of the co | mpens | ation paid to me was: | | | | |
| | | Debtor | | Other (specify): | | | | |
| 3. | The | source of compe | ensatio | on to be paid to me is: | | | | |
| | | Debtor | | Other (specify): | | | | |
| 4. | | I have not agree | d to sh | are the above-disclosed comp | pensation with any other person un | less they are mem | bers and associates of | of my law firm. |
| | | | | | sation with a person or persons who mes of the people sharing in the co | | | law firm. A |
| 5. | In r | eturn for the abo | ve-dis | closed fee, I have agreed to re | ender legal service for all aspects o | of the bankruptcy of | case, including: | |
| | b. Ic. Id. I | Preparation and f Representation o Representation o [Other provisions | filing of f the d f the d s as ne | of any petition, schedules, state btor at the meeting of credit btor in adversary proceeding eded] | ering advice to the debtor in detern tement of affairs and plan which m ors and confirmation hearing, and gs and other contested bankruptcy Retention Agreement is hereby | ay be required; any adjourned hea matters; | rings thereof; | kruptcy; |
| 6. | Вуа | agreement with t | he deb | otor(s), the above-disclosed fe | e does not include the following so | ervice: | | |
| | | | | | CERTIFICATION | | | |
| this | | rtify that the fore cruptcy proceeding | | is a complete statement of an | ny agreement or arrangement for pa | ayment to me for r | epresentation of the | debtor(s) in |
| | Octo | ber 20, 2017 | | | /s/ Jason Blust, Law | Office of Jason I | Blust | |
| _ | Date | | | | Jason Blust, Law Off | | | |
| | | | | | Signature of Attorney Law Office of Jason | Rluet | | |
| | | | | | 211 W Wacker Drive | | | |
| | | | | | Ste. 300 | | | |
| | | | | | Chicago, IL 60606 | (242) 272 E022 | . | |
| | | | | | (312) 273-5001 Fax Name of law firm | . (312) 213-3022 | <u> </u> | |

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LAW OFFICE OF JASON BLUST, LLC

CONTRACT FOR BANKRUPTCY SERVICES

| UNSECURED & SECURED DEBTS | NON-DISCHARGEABLE DEBTS |
|---|--|
| ESTIMATED UNSECURED DEBT | |
| ESTIMATED FAIR MARKET VALUE OF HOME | |
| ESTIMATED MORTGAGES ON HOME | CHILD SUPPORT |
| ESTIMATED CAR LIEN #1 | TAX DEBT |
| ESTIMATED CAR LIEN #2 | GOV'T FINES |
| ESTIMATED OTHER SECURED DEBT | OTHER |
| NOTICE: This Agreement contains provisions requiring arbitration of fee disput consider consulting with another lawyer about the advisability of making an a requirements. Arbitration proceedings are ways to resolve disputes without the agreements that require arbitration as the way to resolve fee disputes, you give disputes by a judge or jury. These are important rights that should not be given | utes. Before you sign the agreement you should greement with mandatory arbitration the use of the court system. By entering into |

disputes by a judge or jury. These are important rights that should not be given up without careful consideration.

1. PARTIES & PURPOSE: This is an agreement for legal services entered into on the date shown below between Law Office of Jason Blust, LLC, or one of its wholly owned subsidiaries (hereinafter "JB") and the individual (or married couple) assigned to the record number indicated below (hereinafter "Client") relating to legal services in relation to bankruptcy and debt relief. The contract is solely between JB, any assigns, heirs, or related entities that may be formed in the future and not any individual, partner, member or employee of JB. JB is a debt relief agency and law firm that files bankruptcy cases on behalf of its clients.

II. CLIENT OBLIGATIONS: JB reserves the right to withdraw or terminate the representation in the event Client does not meet his/her obligations.

Active Participation and Communication: Client agrees to actively participate and communicate with any and all JB staff during the duration of the bankruptcy case. This includes immediately providing updated contact information and any changes to Client's financial situation including, but not limited to, any state court hearing dates or foreclosure sale notices. Client's signature on this Contract shall be authorization for JB to file a bankruptcy petition for Client via the Bankruptcy Court's electronic filing system and all other subsequent filings through the Bankruptcy Court's electronic filing system. Client agrees to any reasonable time in JB's sole discretion via email, text message, telephone, or postal mail.

Payment of Attorney Fees and Costs/Arbitration: Client agrees to pay all attorney fees and costs as disclosed herein in a timely manner and that fees and costs, as disclosed must be paid before the case is filed with the bankruptcy court. JB only resolve fee disputes via Arbitration (see Section IX).

The "flat fee" for representation in a Chapter 7 case is \$\frac{1}{2} \ldot \frac{QQ}{2}\$. This fee is a nonrefundable* "advance payment retainer". In a Chapter 7 case, Client agrees to pay all fees and costs prior to the filings of the bankruptcy case with the bankruptcy clerk's office. Client acknowledges that Client will not have the protection of the Automatic Stay in Bankruptcy pursuant to 11 U.S.C. §362 until the bankruptcy case is filed. There may be additional fees charged by JB for delays caused by

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the Client, including Client's failure to pay fees in a timely manner, and failure to timely provide information and/or paperwork. Client expressly agrees that funds paid will be deposited in JB's operating account and are the property of JB. The "flat fee" for representation in the Chapter 13 case is \$____ plus costs. JB agrees to file the client's Chapter 13 case with the court for the payment of \$_____ and will accept the balance from Client's Chapter 13 payments. Any estimated chapter 13 monthly payment is subject to change and JB does not guarantee a particular chapter 13 payment. Costs include not only filing fee and other third party services, but also copying charges, bank transaction fee, credit card interchange fees, express mail, postage, etc. 335 (subject to change without notice) and optional document In addition, there is a court filling fee totaling retrieval and financial counseling facilitation totaling $\frac{5}{165}$ (subject to change without notice). Client expressly agrees that chapter 7 and chapter 13 fees paid are an advance payment retainer and not a security retainer and such arrangement is an express condition of JB's willingness to handle the case. An advance payment retainer is appropriate because work is being performed from the moment the firm is hired and continues through the relationship, even if a case is never filed with the court. In Chapter 13, the fixed flat fees and advance payment retainer are for pre-filing and preconfirmation work. All fees paid are the property of the attorney and will be deposited into JB's operating account and are earned upon recelpt, subject to refund only as provided in Section IV, Though the fee is fixed, in chapter 13's JB may apply to the court for additional fees, paid through the chapter 13 plan if there are extraordinary circumstances, such as extensive evidentiary hears, contested adversary proceedings, or appeals. See Section III for further details. Advance payment of costs may be held in a safe deposit box, a locked safe, a trust account, or any other secure place in JB's sole discretion until incurred and used to reimburse JB for payment. Client's Initials. Dishonored Payments incur a fee of \$35 + any additional fees and costs incurred by JB as a result of dishonored or stopped payments. Failure to pay can result in JB closing the file and terminating the attorney-client relationship (see Section IV). In the event Client's chapter 13 is dismissed prior to full payment of attorney fees. Client agrees and expressly authorizes the chapter 13 trustee to pay any money held to JB for payment of the balance owed. Client agrees that JB may retain counsel to collect any balances due and will be responsible for payment of any reasonable collection costs and fees, not less than \$400. Client authorizes the collection of any additional fees from the chapter 13 trustee (if applicable). Client expressly agrees that fees tendered to JB by personal check may be converted and processed as ACH transaction. JB agrees to pursue third parties who may be liable for payment of fees, but failure of JB to collect from third parties does not relieve client of responsibility for payment. Client agrees that non-basis services are billed at the firms' customary hourly rate as described in Section IV. Billable hourly rates are subject to change. Some non-basic services may be provided at a flat fee rate, as agreed between the parties

Full Disclosure: Client agrees to truthfully, completely and accurately disclose all assets and their value, liability and their balances, income and expenses to JB any on any and all bankruptcy paperwork. In addition, Client agrees to accurately answer any and all questions posed by JB and/or a representative or agent of the United States Trustee or as otherwise provided by law.

Provide Documentation and Follow Instructions: Client agrees to provide copies of any and all documentation requested by JB in a timely and organized manner. Client expressly acknowledges and agrees that JB has duties to the Court that require JB to reasonably seek documentary evidence that supports Clients' factual contentions before JB can sign off and file bankruptcy before the filing of the bankruptcy case (client acknowledges that since the case is not filed immediately upon and signing of this contract that the six month time period changes as time passes), tax returns, property appraisals, recorded deeds (if applicable), recorded mortgages (if applicable), non-filing spouse's (or household member's) pay advices, and any other relevant information directly or indirectly related to the Client's financial condition. Client further agrees that he/she will read and follow all instructions provided to Client and incorporated by reference and made a part of this Contract for services.

III. LAW FIRM OBLIGATIONS:

Use Best Efforts: In consideration of Client's obligations as stated in Section III, JB agrees to use its best efforts to obtain a satisfactory result for Client by providing basic legal services in connection with a bankruptcy case on an efficient and cost-effective basis. Client expressly agrees that JB makes no guarantee regarding the outcome of the bankruptcy case, including but not limited to: ability and qualification for filing chapter 7 or chapter 13 bankruptcies, successful discharge of any particular debt, the amount of a chapter 13 plan payment, and/or whether or not JB can successfully reduce the balance of secured liens. JB offers its financial situation, and/or facts as revealed after review of documentation that could affect in any way any advice JB gives Client.

Staffing: JB structures its practice as a group practice. JB does not guarantee any minimum level of participation in a case by any individual employee, member, attorney, paralegal, or partner of the firm. Multiple attorneys and staff may work on various aspects of the case as assigned by JB in its sole discretion in compliance with all applicable rules of professional conduct. JB expects to perform the bulk of the work, but reserves the right to utilize other attorneys, paralegals, and litigation/clerical assistants where appropriate. In addition, Client authorizes JB, at its discretion, to have attorneys within the firm, or outside counsel, review Client's file to explore other potential causes of action client may have.

Provide Basic Bankruptcy Services: JB, in consideration for Client's obligations as stated in Section III, agrees to provide basis legal services as required to file either a Chapter 7 or Chapter 13 Bankruptcy case, the Chapter determined as mutually agreed and indicated below. Basic legal services include, but are not limited to: pre-filing verification of bankruptcy representation, post-filing and pre-discharge contract with creditors, pre-filing advice and counsel to Client, advice during the case concerning the nature and effect of the applicable bankruptcy rules, including a reasonable amount of telephone calls and/or in-person meetings, exemption advice and planning; preparation and filing of a bankruptcy petition, preparation and filing of schedules and statements as required by bankruptcy statutes, rules, local rules, and any applicable standing orders of courts of competent confirmation hearings pursuant to \$1324 (if applicable), setting valuation disputes prior to confirmation in Chapter 13, requested by the United States Trustee, negotiation and counsel in relation to reaffirmation in response to case audits \$524; and other regular and routine services not specifically stated, including additional terms as may be described in Section until all fees and costs have been paid in full. In addition, JB will not file the bankruptcy cases with the court until all required documentation has been provided; all required documents are timely signed, reviewed, and verified, unless alternative

Client further agrees that the above-described fees cover basic services only. There may be additional fees for non-basic services in addition to those disclosed above. Subject to the applicability of any local rules, standing orders, or additional contracts, non-basic services for which additional fees may apply include, but are not limited to: Adversary proceedings pursuant to 11 U.S.C. §523 or §727; excessive phone calls or in-person consultations; motions to dismiss for client's failure to course the area of course to dismiss for client's failure to provide requested documentation; action to enforce the automatic stay pursuant to 11 U.S.C. §362; actions to enforce the discharge injunction; Rule 2004 Examinations; depositions; interrogatories or other discovery proceedings; contested objections to confirmation of a Chapter 13 plan; amended creditor schedules (typically \$150 client's failure to provide full disclosure; document retrieval services; facilitation of credit counseling and/or financial Client's failure to appear at a scheduled meeting (typically \$150 in chapter 7); motions to avoid liens (typically \$260 per motion); proceedings to strip mortgages when applicable; and motions for redemption pursuant to 11 U.S.C. §722 (typically reasonable fees and costs as mutually agreed); and/or proceedings to reopen a closed case for any reason.

IV. TERMINATION OF SERVICES (Refund Policy): The parties may terminate services at any time. Termination of services by Client must be in writing. JB may terminate services for failure of Client to fulfill any of Client's contractual obligations as identified in Section II of this agreement. In either event, Client may be entitled to a refund of part of the nonrefundable fee

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based upon quantum meruit. The factors considered include: time spent, including time spent answering telephone calls, processing, organizing and responding to any correspondence; case status; case progress; and the amount of work remaining to complete the case. Analysis of time is calculated in tenths of an hour increments, rounded up to the next tenth of an hour. Attorney time is worth \$250-\$450 per hour depending on the experience of the attorney performing the service. Non-attorney professional time is worth \$75 per hour. Hourly rates are subject to periodic review and revision at JB's sole discretion. JB will also consider the progress of the case when determining a reasonable refund. It is impossible to determine a fair refund until a detailed analysis is performed on a case-by-case basis. Refunds, if any, will be sent to Client at Client's last known address within a reasonable amount of time. In the event Client is deceased or incapacitated, or if the fee was paid by a third party, refunds, if any, are the property of the Client and will only be released to the Client or an authorized representative of the Client's estate. In the event Client terminates services after a bankruptcy case has been filled, JB is given a reasonable time to file withdrawal and/or substitution of counsel documents with the clerk of court. JB expressly reserves the right to enforce a previous award of fees and to seek payment of any outstanding balance of legal fees. The parties expressly agree that JB's representation automatically terminates upon the closing of the case by the Clerk of Court. Client expressly agrees that JB is authorized to contact Client in the future, even after the conclusion of the case via mail, telephone, electronic mail or text message regarding any future JB products and/or services.

- V. LIMITED POWER OF ATTORNEY: Client expressly agrees that signature on this contract grants JB a Limited Power of Attorney for the purposes of carrying out the bankruptcy representation. Such power includes, but is not limited to, the power to obtain Client's tax returns or transcripts from either the IRS or any person or entity consulted in regards to tax preparation; the ability to obtain information and discuss Client's situation with any of Client's secured creditors; and in the event the bankruptcy is dismissed or converted prior to completion, JB may apply funds on hand with the Chapter 13 trustee that would otherwise be forwarded to Client towards the balance owed to JB, if any, and/or the Chapter 7 fee, if applicable, by granting JB trustee and applied.
- VI. RETENTION AND DISPOSITION OF RECORDS: JB will retain records as required by applicable law in your state, generally at least (5) years. JB, reserves the right to store records electronically. JB encourages Client to keep and maintain copies of all bankruptcy related matters. Client may request a copy of the file by sending a written request. JB reserves the right to charge a reasonable retrieval and duplication fee of at least \$35.
- VII. RECEIPT OF MANDATORY NOTICE AND DISCLOSURE: The Bankruptcy Abuse and Prevention and Consumer Protection Act of 2005 require JB to provide mandatory notices/disclosures to Client. Your signature on this contract is an acknowledgment that Client has received, read and understood the two(2) separate documents entitled "§525(a) Notice", and "Important Information About Bankruptcy Assistance Services From an Attorney or bankruptcy Petition Preparer."
- VII. ENTIRE AGREEMENT: The entire contract between the Parties is contained in this instrument. Parties agree to all of the terms and conditions set forth herein and acknowledge that they have read and understand this Agreement. In the event Client is filing a case in a jurisdiction where the local bankruptcy court has adopted any rule procedure or general order regarding the relationship between the Attorney and the Client, then such rule, procedure, Court Order, "Rights & Responsibilities Agreement," or "Model Retention Agreement" and its corresponding rights and obligations is specifically incorporated by its terms which supersede and control all provisions of this contract. Client signature on this document serves as an acknowledgement and agreement by Client that client has been informed of such a rule, procedure, Order "Rights and conditions. In the event provisions of this Agreement and has agreed to be bound by its additional terms and "Rights & Responsibilities Agreement," and/or "Model Retention Agreement" the provisions of the Rules, Procedure, Court Order, "Rights & Responsibilities Agreement," and/or "Model Retention Agreement" the provisions of the Rules, Procedure, Court Order, "Rights & Responsibilities Agreement," or "Model Retention Agreement" would control.
- IX. BINDING ARBITRATION: In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach, termination, enforcement, interpretation, unconscionability or validity thereof, including the termination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in the county and State in which the consumer resides at the time of the agreement in accordance with the laws of the state of consumer's

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residence at the time of the agreement or agreements to be made in and to be performed in the state of the consumer's residence. The parties agree, the arbitration shall be administered by the American Arbitration Association ("AAA") pursuant to its rules and procedures and an arbitrator shall be selected by the AAA. The arbitrator shall be neutral and independent and shall comply with the AAA code of ethics. The award rendered by the arbitrator shall be final and shall not be subject to vacation or modification. Judgment on the award made by the arbitrator may be entered in any court having jurisdiction over the parties. If either party fails to comply with the arbitrator's award, the injured party may petition the circuit court for enforcement. The parties agree that either party may bring claims against the other only in his/her or its individual capacity and not as a plaintiff or class member in any purported class or representative proceeding. Further, the parties agree that the arbitrator may not consolidate proceedings of more than one person's claims, and may not otherwise preside over any form of representative or class proceeding. The parties shall share the cost of arbitration, including attorney's fees, equally. If the consumer's share of the cost is greater that \$1,000.00 (One-thousand dollars), JB will pay the consumer's share of costs in excess of that amount. In the event a party fails to proceed with arbitration, unsuccessfully challenges the arbitrator's award, or fails to comply with the arbitrator's award, the other party is entitled to costs of suit, including a reasonable attorney's fee for having to compel arbitration or defend or enforce the award. Binding Arbitration means that both parties give up the right to a trial by jury. It also means that both parties give up the right to appeal from the arbitrator's ruling except for a narrow range of issues that can or may be appealed. It also means that discovery may be severely limited by the arbitrator. This section and arbitration requirement shall survive any termination.

X. SEVERABILITY: In the event any provision of this agreement is found to be unenforceable for any reason by a court of competent jurisdiction, only the offending clause shall be stricken from the agreement and the remainder of the agreement shall remain in full force and effect.

I/We hereby agree to and acknowledge all of the terms above and I/we retain and authorize JB to file a bankruptcy on my/our behalf:

| CHAPTER 7 / CHAPTER 13 (circle one | ١ | STALL |
|------------------------------------|---------------|---------------------------|
| | <i>'</i> | RECORD # |
| | | |
| × MM frusi In 1 | DATE 10/10/17 | BY: 420 |
| | TOTTOTT | BY: |
| Debtor | | Attorney of behalf of JB |
| _ | | resoluted of pengil of 1R |
| V | | |
| X | DATE | |
| Joint Debtor | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Simone A Gardiner-Smith | | Case No. | | |
|-------|---|---|-------------------------|---|--|
| | | Debtor(s) | Chapter | 7 | |
| | VERIFICATION OF CREDITOR MATRIX | | | | |
| | | Number of C | Number of Creditors: 18 | | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | October 20, 2017 | /s/ Simone A Gardiner-Smith Simone A Gardiner-Smith Signature of Debtor | | | |

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Big Picture Loans Customer Support POB 704 Watersmeet, MI 49969

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Po Box 30253 Salt Lake City, UT 84130

Cardworks/CW Nexus Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Dept Of Ed/582/nelnet Attn: Claims/Bankruptcy Po Box 82505 Lincoln, NE 68501

Easypay/dvra 2701 Loker Av West Carlsbad, CA 92008 Fingerhut 6250 Ridgewood Rd St Cloud, MN 56303

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Mid America Bk/total C 5109 S Broadband Lane Sioux Falls, SD 57109

Midnight Velvet Swiss Colony/Midnight Velvet 1112 7th Ave Monroe, WI 53566

Peoples Gas Attn: Bankruptcy 200 E Randolph Chicago, IL 60601

PLS Financial Solutions 800 Jorie Blvd Oak Brook, IL 60523

Rise Attn: Bankruptcy Oi Box 101808 Fort Worth, TX 76185

Rise Credit POB 101808 Fort Worth, TX 76185